

Existing in a continuing care psychiatric ward

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Abstract

I thought I could implement existential counselling on my psychiatric ward, but this was the start of a difficult kind of learning, focused on the limitations, the obstacles and the sheer frustration experienced when confronted with the existential despair of fellow human beings. Moreover, it highlighted the personal limitations in interpersonal relationships, the individual isolation I felt when confronted constantly with death, anguish and fear.

Keywords: existential, counselling, psychiatric ward.

It had occurred to me that counselling had to be beneficial in a 'continuing care psychiatric ward', my place of work. Before introducing it however, a lot of work was needed in order to expose and address present conditions, habits existing from long ago and obvious difficulties arising when caring for many people with limited resources: for example, shortage of staff, policies which need to be reviewed and, above all, the consuming practical care demanded in order to satisfy the basic requirements of hygiene, nutrition and physical comfort. Furthermore, existential limitations had to be faced, mine as well as others, and that was frightening. To what extent does working with mentally ill people mean that one is covering up and dismissing one's own terror of death, isolation and non-existence? Providing counselling without addressing these givens would have been a cover up, and would have made a mockery of caring.

I felt a finger pointing and I started this case study in defence of all of us, nurses, patients, the system. What are we supposed to do? How can one be just in such a world?

Even if all the characters described below are fictitious, the situation is real, if somewhat removed, in this sketchy narrative, from the unbelievable day-to-day enduring of the pressures of a caring existence.

The continuing care psychiatric ward

Maisie, myself, two rows of elderly patients sitting either side of the long corridor and two nurses on each shift, form a team traditionally known as 'the continuing care psychiatric ward'.

Maisie is five-foot something tall, with brown, rotten teeth. She covers her mouth when she smiles and many times I heard the story of how her relatives convinced her not to have dentures. The trauma, they said, of having all her teeth pulled out would be far worse than knowing she had a rotten smile. She walks down the corridor limping because of a bunion on her left foot, and carrying two or three plastic bags with the most valuable of her possessions for the fear of theft by Vera, another patient.

The days on the ward revolve boringly around meal times, Maisie calls the food 'all that rubbish' and refuses to eat it. She defends her claim to better taste by asking her family to bring tins of salmon and frozen prawns. She then refuses to eat because she is in a bad mood.

The nurses' relationship with their patients can be glimpsed when, in between meals, considerable time is spent in the bathroom, giving 'total care' and 'toilet training'. There the emphasis is on faeces. The nurses use symbolic language such as 'hard rocks', 'pellets' and official language reporting 'fair results' and 'excellent', 'plus, plus', according to the fullness of the commode. An 'accident' is when the commode is missed. Then, screwed up noses, clean clothes and shampoos follow the protesting patient to the bath.

The ward is thus scented with appropriate smells according to the time of the day, mixed with the background hint of lavender from the air freshener. There is music in the air too, and often when you think that someone is asleep in a chair, you get a surprise: 'It's a long way to Tipperary . . .' from the far end of the corridor. For those who can walk and for the two or three in wheelchairs, there are occupational therapy, the social club and the Sunday service, subject to escort availability. Most of the patients stay in the ward, however, and Maisie declines to participate. She argues that she is forced to endure a boring life.

Maisie and me and the rest of them

When I first met Maisie, nine months ago, she was constantly in a bad mood. 'Good morning Maisie' was enough to provoke responses such as 'Arsehole, go and jump in the river'. At first, this kind of language hurt me, especially as I came to this ward from another which was regarded as a 'place of excellence' in terms of counselling and communication. There I counselled and communicated to my heart's delight, so much so that I forgot to eat lunch, never finished a cup of coffee, suffered stress but stubbornly ignored it until my body fell ill and refused to get better for over two months. This resulted in my removal from the 'place of excellence', to the continuing care ward where 'lack of communication skills' appeared a major problem.

There are many criticisms of existentialism. Are we not all far more subject to the unconscious? As Freud would remind us, much of what we say or do (or write) is predetermined by the unconscious. Furthermore Maisie and I are subject to language and writing (Lacan 1988; Derrida 1978) and, even more importantly, if counselling is an ethical practice, I am responsible for Maisie's responsibility (Levinas 1969). Aristotle described us as being subject to the demon in us. Maisie would have called it such 'a lot of crap'. I fear the nurses would have agreed with her, only it is against tradition for the nurses to argue face to face with me in my role as the new manager. These nurses size me up, however, and one of their tactics is to engage me in a private conversation in a pidgin fashion. I try but fail to follow what they say so I ask what they are talking about. This results in a recipe for coconut bread, which I interpret as a beginning of acceptance. Maisie is furious. 'Coconut bread, my foot,' she exclaims. 'Whatever next!' She resolves into singing 'Land of Hope and Glory' and 'Rule Britannia' at the top of her voice.

Every Thursday I attend my MSc. in counselling course. On Fridays I go for psychotherapy and on Saturdays I try to do homework, housework, socializing, etc. I return to work every Sunday afternoon escorted by the ghosts of philosophers, existentialists, psychoanalysts in my head. 'About freedom, look at Maisie for example', I explain to Nietzsche as I take courage to enter the ward. 'Have you ever considered this place as a paradigm of life or even the tragedy of human existence?' I venture deeper into the corridor.

'Good morning all,' I say bravely. 'Did you have a nice Sunday morning?'

'Balls to you,' thunders Maisie from her chair as Nietzsche's ghost vanishes and I am alone.

'Good afternoon you shitbag,' Maisie carries on, 'you stayed home for three days, you two-faced fornicator, but I remain here, in this madhouse. What's good about it, eh? Tell me.'

Everyone looks at me waiting for my response. I am the newcomer, closely observed, and, for my part, I am sensitive to everything and everybody. What is more, I soon realize that the rest of the patients are missing nothing of what is going on, despite their lack of voice. Maisie, who has no verbal inhibitions, states the predicament of all, which for them is life, for the authorities 'continuing care', and for the nurses a job or earning a living. And for me? What is it for me? The more I think the more I confuse myself. 'Maisie will be Maisie, sister dear,' nurse Thomas humoured me at last, giving up hope for a thrill from any remarks on my part. 'Never you mind her.'

But I did mind, I was aware that we were all testing each other in order to survive. It did not matter about reminiscing or hoping for a better future; or even fantasizing that if I won the pools that would put a stop to my anxiety about Maisie and nurse Thomas and the others.

There was Freddie, for example, who was brought here at the age of 7. He is now 89 and I scream inside every time I see him smiling at me. And Bob who is blind and seldom talks, but who said to me one morning: 'I shall die here, you know . . . alone . . . I have no one out there . . .'. And Vera who dribbles and pulls curtains down for fun. She steals Maisie's things and Maisie calls her a common thief and threatens to call the police. Vera goes to the piano and creates sad little tunes. Maisie admits that the 'racket' as she calls Vera's music is driving her crazy and asks for a gun to shoot her.

The nurses politely ignore both Maisie and Vera, as they help Bob with his tea. Then they organize the afternoon's tasks, put out clean pyjamas and night-dresses, so many for a bath, so many for ordinary wash unless they have had an 'accident'. They tidy up the linen room, do the shopping when the shopping trolley comes. They have no time for anybody's feelings. The system provides care and protects the patients' rights with procedures and policies. There is no procedure yet to remedy the emotional starvation that all of them have been committed to for years; there is no talk.

Counselling: some preliminary thoughts

We all need counselling on this ward, I thought. Everyone could benefit from it at some level: this is where counselling would be most valuable. However, I was not optimistic, for how is counselling to travel as far as here 'where angels fear to tread'? Which kind of counselling would dare enter this 'heart of darkness'? And what could counselling achieve by unravelling all 'what Maisie knew'?

'Come now,' I said to myself, 'you are playing with words.' The situation is worse than all fiction or imagination. Yet I am dead serious.

'We are all dead,' says Jim with one eye, pushing his walking frame with great effort. 'We are born naked, we endure this misery for years and years and then we die naked.'

'He is right you know,' agrees nurse Thomas. 'What is it all about?' – and what is the use of asking when nobody cares. 'Give up,' cries the situation. 'This is too much, too complicated, why do you get involved?'

'Come ere!' said Jim from his armchair. 'Do you know that it takes ten minutes to suck a pear drop?'

'I know I will die here,' said blind Bob to himself.

'We are all going to die here you silly fool,' answered Jim. 'Can't you see?'

'No,' said Bob, sucking his knuckles fiercely.

'We tried everything before, Sister dear, nothing ever changes in this place,' stated nurse Thomas.

'Nobody cares,' the nurses reassured me, scared a little, I thought, in case I tipped the balance of their routine with my ideas.

'Bugger you all!' shouted Maisie. 'You have homes to go to I have been committed here for life . . . What is my crime? Eh! Tell me . . .', her voice breaks.

'Counsel as conundrum – if the bonds are not to burst – you must try to cut them first,' Nietzsche whispers to me from a page of *Beyond Good and Evil*. Nietzsche is a cunning man I thought. A bit like Jim.

Back at college I was getting perplexed with philosophical concepts and theories. Existentialism offered fewer definitions and more than one concept – in my search to find a place for us, the 'continuing care psychiatric ward', I could not ignore issues such as existential anguish, fear, choice, death and limitations.

My wish to introduce counselling to the ward had to be based within a framework that allowed wide and flexible boundaries but a strong backbone. We needed understanding for our existential limitations, and the limitations of language, the limitations of what staff could give, of time, of patience, of endurance, of meaning.

There were mixed feelings too. I failed to see what choices we had on the ward as human beings. For me, it was this job or no job at all, for the nurses a similar situation applied. As far as the patients were concerned, nobody ever asked them; for them it was not even a 'take it or leave it' situation. They were traditionally regarded as incapable of having a choice, so this life was imposed on them by the system.

Modernistic statements therefore such as 'man is the being whose project is to be god' left me puzzled, but I could not ignore him either when he asserted that 'one is also entirely responsible for one's life, not only for one's actions but for one's failures to act' (Sartre 1956).

Yalom explains this concept of responsibility clearly and I could not fail

to understand. 'The knowledge of Sartre's protagonist's true "situations" crashes in on him as he discovers his responsibility for the world.' My world, which was 'the continuing care psychiatric ward', could 'acquire significance only through the way it is constituted by the human being' (Yalom 1980).

This concept is taken up by Spinelli, too, who believes that 'the crux of Sartre's argument is:

'the realisation that the being-for-itself is or exists only as a result of others, that it is quite literally nothing without others, forces each being-for-itself to concede an existence of equal status to others; each is no more or less significant or important than the other.'

(Spinelli 1989: 121)

Such sentiments highlight the conflict all carers and patients should face. How can we balance our own personal view of the world around us with other people's (the patients') limited abilities and existential experiences of their world? Can it happen without either imposing upon them our frustrations or ignoring their existence as unimportant? The implications are endless.

This way of thinking started in me a self-questioning. I had to adjust to my new situation in life and give it some meaning. At the same time I was caught up with Maisie. I felt that she was depressed and her aggressive manner was the only way left to her to express how she felt.

There was a great deal of anger in her, but the staff got used to her as she presented: rude and difficult to manage. The causes of it remained unquestioned and Maisie was dealt with symptomatically. It must also be said that she provided some variety with her antics, some activity in an otherwise dull existence. So, as long as the routine was not greatly disrupted, everyone was resigned to Nurse Thomas' conclusion, that 'Maisie will be Maisie!'

This apparent understanding of reality and way of dealing with it was thus far removed from whatever inner anguish Maisie was trying to communicate with her tantrums. Other patients were trying to communicate too with meaningless cries, incontinence, bursts of laughter, shouting. In one way all this was dealt with, but in another it went unnoticed.

The nurses came on duty anxious, unloved, insecure. Getting through the nursing tasks according to the book was giving them a sense of satisfaction and power that they did their job well. Maisie in her fury was powerful too. Confrontations and hurt feelings were unavoidable but they further blocked the searching for the underlying cause in order to survive better in the present.

After reading her notes my respect and admiration for Maisie

increased. Over the years she had been variously diagnosed as suffering from manic depression, psychosis, poor memory, hydrocephalus, recurrent endogenous depression, hypothyroid appearance, systolic murmur, anxiety, organic brain disease, hysterical components and dysfunctional family dynamics. For these calamities she received various treatments including fifteen electroconvulsive treatments, ten different courses of powerful psychotropic drugs; she fell about for some reason, fractured parts of her body, could not be looked after by her family, lost her home and kept her depression. Maisie was above all a survivor! Counselling was never offered. I was, however, more and more convinced that it was possible as a therapy for Maisie and indeed for the nurses and the rest of the patients, me included. The psychiatrist smiled at my naivety. He was not prepared to abandon his factual knowledge. It was based on proven studies, on history. I was being idealistic.

It was reassuring to read 'People, unlike objects or animals, can make conscious decisions about their life. They may be greatly influenced by circumstances and environment but they always maintain a fundamental ability to alter things in some way' (van Deurzen-Smith 1988). I could relate to this way of thinking.

It was not, however, just a simple matter of introducing counselling on the ward once I saw the value in it because I was currently doing a counselling course. No one had the slightest intention of considering 'talking' as therapy, instead of or alongside the tablets and syrups which were given for a quiet life. There were facts that I could not change, such as staffing levels, but how could I convince the establishment that counselling could prove cost-effective in the long run? Even if we overcome the difficulty of one person taking on the role of counsellor as well as of nurse, secretary and manager in the span of one shift, we are still left with the question of counselling dogmas, techniques, settings, boundaries, timing, etc. Most importantly, what were my reasons for the initiative? Maisie was right, I had a home to go to. Was I using the situation to ease my conscience for something in society that I did not agree with, while making a living out of it? And, if things were to change, what would make it better? I did not have the answers.

Father Christmas came on the ward with some carol singers. It was Christmas again. They wore jolly smiles and Father Christmas had a bell on his hood.

'Any requests?' he asked the patients in a loud voice.

'Yes,' said Robin, another blind man. 'Sing something for the lonely.'

The nurses exchanged glances. Robin had never talked before except to say 'yes', 'no' and 'thank you'.

Lips quivered. There was a silent cry in the air, of emotions suppressed within the boundaries of duty. Father Christmas felt embarrassed. I felt a

lump of desperation in my stomach. The distance between me and Robin the blind man was making my existence meaningless. No progress yet again, as with tea-parties at the Retreat 180 years ago. Commenting on the tea-parties held at the asylum, Foucault (1961) observed, 'curiously this rite is not one of intimacy, of dialogue, of mutual acquaintance; it is the organization around the madman of a world where everything would be like and near him, but in which he himself would remain a stranger'.

'Do you really mean it?' Maisie asked when I approached her and offered to talk to her regularly in confidence for up to fifty minutes every time. As I expected verbal abuse from her, I was more than taken aback by her response. I was aware that I was breaking rules by approaching her first, but Maisie did not know what counselling meant let alone to ask directly for it. I had discussed it with the doctor who agreed that I go ahead and try. I thought he smiled doubtfully, but I did not question him further. My fear was that Maisie would talk to me and then in a fit of temper blurt it all out to the amusement of nurse Thomas and the other nurses. Another problem was that supervision was a major missing factor in the place of work generally. I managed to find supervision outside the hospital but it was expensive. Interestingly, given my earlier concerns it was less of a problem to find time and a setting, clarify boundaries and agree a contract. Maisie also agreed that after the session we would not talk about counselling until the next session. She kept her promise.

On the first session Maisie showed me a postcard which she kept in her handbag. It was from her son and his family on holiday in Bournemouth. 'Five children,' she said sadly, 'and the nearest I get to be with them is a card from their holiday.' I knew that this was not entirely true. Her children cared, I thought. Obviously, however, that is how Maisie felt about it.

'Do you get the feeling you want to swear at the circumstances that brought you here, on this ward?' I said. I knew this was my agenda, as what I was really asking was why she was swearing at me, at the staff, calling us names. I was also aware that I was angry about being here myself.

Her reply taught me the lesson that I should never make assumptions. Maisie was well composed.

'One does not use bad language with one's children,' she said with dignity. 'It's bad manners', and then she added, to my astonishment, 'Besides, I never swear, I was well brought up.'

I kept silent, but not from good sense: I was dumbfounded. Was the doctor right that Maisie had lost her memory? Was nurse Thomas right when she said they had tried everything?

'Anyway,' Maisie said at last, smiling with her hand in front of her mouth, 'I never knew what a bad word was until I came here to this place.'

'You could've fooled me,' I said before I could stop myself and I realized

that we were both laughing and . . . oh! Maisie I thought, I love you so much just now. You restored my sanity.

I took some of my feelings to my therapist and I found myself talking about my wishes for a better life for Maisie, and for me, for my certainty that counselling sessions were not only possible but extremely important on the ward. I talked about how I could accept unhappiness, anger and how in trying to make the world a better place for others, I was hoping to fit in it myself, comfortably. Some revelations about myself were very unsettling as until now I assumed I had a 'normal' life. My experience of wars, my insecurity and my search for a safe place in the world hit me in the therapist's room. An enormous resistance is still extremely strong in me. I seem to open little windows here and there and then quickly shut them again.

Maisie had her ups and downs, but she came willingly to the counselling sessions and she did not use bad language. The sessions never lasted more than thirty minutes but many stories unfolded in that space of time.

'Do you want to know what happened? Then listen to this . . .'

She told me stories about her life, her childhood, people who came and went in her life. Many times she remained silent, we both sat silent. Once she daydreamed of being taken for a drive into the country and to a high-class hotel for a glass of white wine. Another time she expressed the wish to sleep and not wake up. 'What is the point of carrying on? I am over 80 now and I had a good life,' she declared.

Maisie? A good life? After all her experiences, her depression, her life in institutions? I had to admit to myself, it was not Maisie who had problems with life and death. It was me.

I am not on good terms with death. Every time someone mentions death I feel panicky. As a nurse I give last offices to many dead people and yet I never get used to it. I cannot accept that I shall die or that Maisie will die. Yalom asserts that this may be 'either because of extraordinary stress or because of an inadequacy of available defensive strategies'. He refers to many existential theorists who have commented 'upon the high price exacted in the struggle to cope with death anxiety' (Yalom 1980). He refers to Kierkegaard who knew that man limited and diminished himself in order to avoid perception of the terror, 'Perdition and annihilation that dwell next door to any man', and to Becker who says that: 'The irony of man's condition is that the deepest need is to be free of the anxiety of death and annihilation' (Yalom 1980).

It was easier to stay with Maisie once I was aware of the constant struggle in my own situation.

As the months went by Maisie improved in small but noticeable ways. She still uses bad language, but she is in good humour. She is not

incontinent any more, since she takes more responsibility organizing her hygiene and toilet in good time. She offered to change the day and date every morning on the ward calendar. She struck a friendship with Joycey in the opposite chair and shares things with her. One evening she rang Scotland Yard requesting an investigation as Vera stole one of her mugs. 'I was exercising my rights' she informed me, and offered to pay for the use of the telephone.

Another time she convinced everybody that she intended to marry a man who had proposed to her at the social club. We discussed it in the next session.

'You had everybody believing you were serious about it,' I said.

'It is a matter of being able to go along with the joke,' she laughed. 'I didn't tell them to believe me!' Then she became serious. 'If by getting married – at my age – I could get out of here, it would not be a bad idea, you know,' she said.

'I have a blue velvet dress and a diamanté brooch,' she told me. 'I will dress up next time I go to the club, just to see the expressions on their faces.'

Then she sings to me, 'I dance the last dance with you . . . two lonely people together . . . you have to make the most of a bad situation you know.'

Maisie is certainly hanging on from the fragile framework that she has created for herself against all odds. She had become our teacher during the past nine months. Suddenly, 'learning from the patient' was sincerely understood on the ward. Maisie and the other patients were holding on to every little available opportunity in order to laugh, to protest, to live, all within a system that had taken away the dangers in life and love and emotions in return for continuing care.

How have we changed since their tea parties of 180 years ago? Has our mentality really changed? The anonymity of 'mental patients' remains our tradition. It is from this objectified anonymous existence that Maisie raised her voice. I respect her for that.

We, the nursing staff, started making plans – plans for counselling workshops, teaching, staff support. We agreed that, in order to assure quality of service, we needed self-esteem, self-development and acceptance, all of which we thought could be promoted using counselling approaches.

A nurse who understands her patient's communication can calm her patient by giving an appropriate response; the nurse who cannot understand a symbolic communication is likely to fail, to disappoint an already frustrated or despairing patient and perhaps to experience the full weight of her patient's despair and frustration in herself.

(Hughes and Halek 1991: 115–16)

We read the article and all agreed that these are true words, but did the authors include our continuing care ward in their understandings of the word 'patient', 'nurse' 'communication'? This was an article evaluating a training course, teaching nurses psychotherapeutic skills. 'Nurses' managers selected eight nurses annually' revealed the article. 'Big deal!' (I use Maisie's expressions often these days). Many more nurses need training, here, on this ward.

In fact, this year, all nursing staff have enrolled for whatever training courses are available. Like Maisie, we have all changed in small but noticeable ways.

This writing has developed into a subjective view of my own existence. Over the months, my existential situation in life was described in books, clarified in definitions, argued by various schools of thought and presented back to me as a theory. I enjoyed reading about it. No one had any idea of my experiences on the ward, yet they wrote books about it. Freud is a new acquaintance of mine. At present I am still astounded by the discovery that I too have an 'unconscious' and that everything is open to interpretation. Recently and in order to add to my perplexities I was introduced to the work of such continental philosophers as Lacan, Derrida, Foucault. For some, household names! Difficult names however, with difficult views. Subversive to already eroded traditions, they give me new questions before I have even considered all the old ones. Yet it was my confusion that led me to learning.

I turn to the here and now – to Maisie, who smiles a lot these days: a smile that gives me comfort. Foucault asserts that society is tragically mad and trying to hide behind what is difficult to understand. What society calls madness, he explains, has pure visibility that gives visibility that society cannot reach.

Soon, I shall have to leave this job and continue life elsewhere. I wanted to write about my experience with the people who are collectively called 'continuing care ward' and are known to others from a distance. I had a chance to experience the anguish of that distance, my own anguish and my inability to understand why being, and how to be; most important, how to be with others.

Freddie, who was transferred here from the workhouse at the age of 7 and diagnosed as 'idiot' died last week. He was nearly 90. 'In the past it was common knowledge that the insane could support the miseries of existence indefinitely' (Foucault 1961). Maisie and Lucy, who talks to her voices, went to the funeral. Later that evening Lucy was overheard telling her voices all about it. 'Ah,' she said to them. 'Freddie is gone. I miss him. I'll never see him again.'

Did counselling work? We never had time to evaluate anything. Maisie left first; she is now living in a nursing home. She took her decision

knowing that where she was going was second best; she liked the matron however and there was a chef on site!

'Do you think counselling helped you Maisie dear?' asked nurse Thomas smiling knowingly.

'You want me to say it was a lot of crap,' Maisie replied. 'Well, I don't understand any of it, so stop asking silly questions. Stick to your coconut bread and good-bye!'

'She will be back in a week,' gossiped the nurses among themselves. But she wasn't. Rumours remain the most favourite and uncontrolled means of communication among the staff. Is the ward closing down? When will it happen? What will happen to the patients? What about our jobs?

I left soon after Maisie. My job was the first to go. It caused anxieties; perhaps I was lucky said the nurses. Perhaps Maisie was lucky to move out when she did. Perhaps counselling helped after all?

All correspondence care of the Editors

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